Provider Update:
Surveillance and Prevention of Work-Related Burns

October 2001

Safety & Health Assessment & Research for Prevention – **SHARP**

Washington State Department of Labor and Industries

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For questions about case reporting, our program, or this Provider Update contact Christy Curwick.

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THANK YOU!!

Dear Health Care Provider,

We at SHARP wanted to take this opportunity to thank you for participating in our work-related burns surveillance and prevention program. Your case reports have provided us with valuable information about the prevalence and distribution of these serious injuries.

We have developed this Provider Update to share surveillance findings with you and to keep you informed of our current and future activities.

We would appreciate any feedback that you may have on this Provider Update. If you have any suggestions about its content, how often you'd like to receive information on this program, or anything else, please give me a call.

Sincerely,

Christy Curwick, MPH
Work-Related Burns Surveillance Program Coordinator

Data Highlights

- ✓ 42% of our cases could not have been obtained without hospital reporting.
- ✓ Hospital reports are a much more timely data source than workers' compensation data.

Surveillance Findings

Last year, SHARP developed voluntary reporting agreements with five hospitals in and around Washington State. These hospitals report cases of work-related thermal, chemical, electrical, radiation, and friction burns occurring among workers employed in Washington State that result in inpatient hospitalization.

The primary data source for SHARP's work-related burns surveillance program is Workers' Compensation (WC) data. Last year, when we began collecting case reports from hospitals, we believed that data from these reports would *supplement* data obtained through WC reports. What we've learned so far, however, is that we would never have received a very significant proportion of our cases without hospital reports.

Brief results from the first two quarters (October 2000 –March 2001) of data collection reveal:

- Forty-five Washington workers received burns on the job that were serious enough to require inpatient hospitalization.
- Four fatalities were reported during this period. None of these were obtained through WC data. WC data consistently underestimate the number of fatal burns in Washington.
- Nineteen cases (42%) could not have been obtained without hospital reporting. These were self-insured claims, under federal jurisdiction, miscoded, or otherwise would have been missed through our WC case-extraction method.
- Sixteen reports were received through both hospital reports and the WC system. In general, cases appeared in the WC system 3-4 months after receipt of a hospital report.
- Occupational categories identified with high frequencies of hospitalized burns included: (1) electricians, (2) food-service occupations, and (3) first-line supervisors.
- High frequency industries included: (1) construction special trade contractors, (2) eating and drinking places, and (3) primary metal industries.

Future Directions

SHARP will continue to analyze surveillance data to describe the prevalence and incidence of these serious injuries and characterize their distribution. Future analyses will include industry rates. Data will be used to direct resources toward appropriate prevention activities. Industrial categories currently under consideration are within the special trade contractors category, where burn injuries were most prevalent: (1) plumbing, heating, air-conditioning, (2) electrical work, and (3) roofing, siding, and sheet metal work.

We'll do our best to keep you informed of our progress toward identifying and preventing burn injuries among Washington workers. Please let us know if you have any questions or suggestions to make our program stronger.